

AGREEMENT

Between

THE TOWN OF ENFIELD

And

LOCAL 1303-359 OF COUNCIL 4

AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES

AFL-CIO

July 1, 2012 through June 30, 2015

TABLE OF CONTENTS

	Preamble	4
Article 1	Recognition.....	4
Article 2	Management Rights.....	5
Article 3	Union Security.....	6
Article 4	Seniority.....	6
Article 5	Probationary Period.....	7
Article 6	Promotions.....	8
Article 7	Hours of Work.....	9
Article 8	Grievance Procedure.....	10
Article 9	Disciplinary Procedure.....	11
Article 10	Vacations.....	12
Article 11	Leave Provisions.....	13
Article 12	Holidays.....	16
Article 13	Wages.....	17
Article 14	Insurance and Pension.....	17
Article 15	Nondiscrimination.....	20
Article 16	No Strike – No Lockout.....	20
Article 17	Miscellaneous.....	20
Article 18	Savings Clause.....	21
Article 19	Safety Committee.....	21
Article 20	FSA and CHET Plans.....	22
Article 21	Duration.....	22

Appendix A	Wage Schedule
Appendix B	Family/Medical Leave Policy
Appendix C	Health Insurance Plan (PPO) Dental Plan Pharmacy Statement
Appendix D	Health Insurance (HMO)
Appendix E	Health Insurance (High Deductible Health Savings Account)

COLLECTIVE BARGAINING AGREEMENT
between
THE TOWN OF ENFIELD
and
LOCAL 1303 OF COUNCIL 4
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES
AFL-CIO

PREAMBLE

This agreement is entered into by and between the Town of Enfield, hereinafter referred to as the "Town" and Local 1303-359 of Council 4 of the American Federation of State, County and Municipal Employees, AFL-CIO, hereinafter referred to as the "Union" has, as its purpose the establishment of an equitable and peaceful procedure for the resolution of differences, and the establishment of rates of pay, hours of work and other conditions of employment.

ARTICLE 1
RECOGNITION

- 1.0 The Town of Enfield hereby recognizes the Union as the sole and exclusive bargaining agent for all clerical and secretarial employees of the Town of Enfield who work at least fifteen (15) hours per week but excluding seasonal employees, the payroll clerk, employees in the human resources and town manager's offices and any other statutory exclusions. For purposes of this contract employees shall be deemed seasonal workers if they are employed for less than one-hundred and twenty (120) consecutive calendar days in any fiscal year.
- 1.1 The term "Employer" shall mean the Town of Enfield, Connecticut, a municipal employer.
- 1.2 The term "Union" shall mean Local 1303-359 of Council 4, American Federation of State, County and Municipal Employees, AFL-CIO.
- 1.3 The terms "Contract" and "Agreement" shall mean the complete agreement and its specific terms.
- 1.4 The term "Employee" shall mean those persons employed by the employer as defined in Article 1.0.
- 1.5 The Town may employ temporary or seasonal employees provided no members of this bargaining unit who are qualified to perform the work involved are on layoff at the time.
- 1.6 The term "working days" shall mean Monday through Friday exclusive of holidays wherever it appears in this agreement.

ARTICLE 2
MANAGEMENT RIGHTS

- 2.0 Except where such rights, powers and authority are specifically relinquished, abridged or limited by the provisions of this Agreement, the Employer has and will continue to retain, whether exercised or not, all the rights, powers and authority heretofore had by it and except where such rights, powers and authority are specifically relinquished, abridged or limited by the provisions of this Agreement, it shall have the sole unquestioned right, responsibility and prerogative of management of the affairs of the Town and direction of the working forces, including but not limited to the following:
- a. To determine the care, maintenance and operation of equipment and property used for and in behalf of the purposes of the Town.
 - b. To establish or continue policies, practices and procedures for the conduct of Town business and, from time to time, to change or abolish such policies, practices or procedures.
 - c. To discontinue processes or operations.
 - d. To select and to determine the number and types of employees required to perform the Town's operations.
 - e. To employ, assign, assist, transfer, promote or demote employees, or to layoff, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons when it shall be in the best interest of the Town or the Department.
 - f. To prescribe and enforce reasonable rules and regulations for the maintenance of discipline and for the performance of work in accordance with the requirements of the Town, provided such rules and regulations are made known in a reasonable manner to the employees affected by them.
 - g. To ensure the incidental duties connected with departmental operations, whether enumerated in job descriptions or not, shall be performed by employees.
 - h. To establish contracts or sub-contract for municipal operations, provided that this right shall not be used for the purpose or intention of undermining the Union or of discriminating against its members.
 - i. To create job specifications and revise existing job specifications, subject to the Union's right to challenge the accuracy of new or revised job specifications or the propriety of the assigned rate.

ARTICLE 3
UNION SECURITY

- 3.0 The Town of Enfield agrees to regularly deduct an amount of dues, as specified by the secretary of the Union, from the wages of all employees covered by this agreement. The Town will provide each new employee with a copy of the collective bargaining agreement and a dues deduction form.
- 3.1 The Union will furnish the Town with a signed statement by the employee that s/he authorizes the Town to deduct from his/her wages Union dues. Dues deductions shall continue for the duration of this Agreement. The Union president will be notified of any bargaining unit member who stops paying Union dues within two (2) weeks.
- 3.2 The Union agrees to indemnify and defend the Town of Enfield against claims, demands, suits or other forms of liability that shall arise out of or by the purpose of complying with the provisions of this article.
- 3.3 The total amount deducted each month, in accordance with the provisions of this Article, will be remitted by the Town, together with a list of the employees from whose wages such deductions have been made, to such individual and at such address as shall be specified by the Secretary of the Union. Such remittance shall be made by the last day of the month in which the deductions are made.
- 3.4 All employees in the collective bargaining unit shall, thirty (30) days from the date of this contract or from the date of their employment by the Town, become and remain members of the Union in good standing in accordance with the constitution and by-laws of the Union or pay the agency fee, during the term of this Agreement or any extension thereof, as a condition of employment.
- 3.5 The Town will place one (1) bulletin board in an accessible place in each building where bargaining unit members are employed for the exclusive use of the members.
- 3.6 The Town will provide each employee with a copy of this Agreement within thirty (30) days after the effective date of this Agreement. New employees will be given a copy of this agreement at the time of hire.

ARTICLE 4
SENIORITY

- 4.0 Seniority is defined as an employee's length of continual service within the bargaining unit since the most recent date of hire.
- 4.1 The Town of Enfield shall establish a seniority list, and the list shall be brought up to date July 1 of each year and a copy shall be delivered to the secretary of the local. Any objection to the seniority list, as made, shall be reported within ten (10) working days or it will be waived for the remainder of the fiscal year.

- 4.2 The Town and the Union shall incorporate existing job descriptions for every bargaining unit position.
- 4.3 Layoff Permitted. The Town may layoff an employee whenever it is deemed necessary by reason of shortage of work or funds, the abolition of the position, material change in the duties of the organization or for other related reasons which are outside the employee's control and which do not reflect discredit on the service of the employee.
- 4.4 Layoff Procedure. In the event of a layoff, an affected employee shall receive at least fourteen (14) calendar days written advance notice.
- 4.5 Order of Layoff. In the event of layoffs within a particular classification, employees in that classification shall be laid off in reverse order of seniority with probationary employees and temporary employees subject to layoff first. In lieu of layoff, an affected employee may elect to displace the least senior employee in any equal or lower classification in the bargaining unit for which the employee meets the requirements of the position.
- 4.6 Recall. Employees who are laid off shall have recall rights for a period of eighteen (18) months from the date of layoff to positions in the same or lower classifications from which they were laid off. The most senior employee presently qualified to perform the duties of the recalled position without further training beyond orientation will be offered the position before any other laid off employee. Employees shall have two (2) weeks from the date the Town sends a certified notice of recall to the employee at his last known address to return to the job.

ARTICLE 5 PROBATIONARY PERIOD

- 5.0 Purpose. The probationary or working test period shall be regarded as an integral part of the employment process and shall be utilized for closely observing the employee's work for securing the most effective adjustment of a new/promoted employee to measure if their performance meets the required work standards.
- 5.1 Duration of the Probationary Period. All employees shall be required to complete successfully a working test during a probationary period as follows:
- a. Employees shall serve a probationary period of six (6) months for original appointments and two (2) months for promotional or lateral appointment.
 - b. In the case of promotion during the original probationary period, the employee shall, before attaining the status of a regular employee, serve either the remainder of the original probationary period or the promotional period, whichever period is greater.
- 5.2 Interruption of the Probationary Period. No leave from service during the probationary

period, with or without pay, shall be counted as a part of the total probationary service without the approval of the Town Manager.

- 5.3 Dismissal During Probationary Period for New Hires. At any time during the probationary period the Town may remove an employee from Town service. Upon such removal, the Department Head shall report to the Human Resources Director and to the employee removed his actions and reasons. No appeal is allowable from dismissal and it shall not be grieved under the grievance procedure by either the probationary employee or the Union.
- 5.4 Reinstatement to Former Class for Promoted Employees. An employee promoted or transferred who does not successfully complete his/her probationary period shall be transferred to a position in the class occupied by the employee immediately prior to his/her promotion. If such position has already been filled, the original incumbent shall be eligible to exercise bumping rights to regain his/her former position.

ARTICLE 6 PROMOTIONS

- 6.0 All vacancies and new positions shall be emailed to each member of the bargaining unit as a job posting. All job postings shall detail the pay, location and duties and the posting shall be for five working days and open to bid without exception. The Town will review all internal candidates for promotion prior to entertaining outside applicants for any vacant position.
- 6.1 When a vacancy exists or a new position is created, the position shall be first granted to the employee with the highest bargaining unit seniority who bids on the position, provided such employee is qualified for such position as determined by the Town as demonstrated by his/her work record and ability to perform the work. The Town reserves the right to conduct examinations to determine such qualification. Employees shall bid on a position by the closing date and time on the posting via the email system to the Human Resources Department with a copy to the Union Secretary.
- 6.2 The Town agrees that when technological changes take place within the department that require additional knowledge and/or skills on the part of its employees within their classification, such employees will be given the opportunity to acquire that knowledge and skill. The Town shall establish at its own expense, during regularly scheduled working hours, a training program for affected employees.

ARTICLE 7
HOURS OF WORK

7.0 Hours of Work for Town Hall and 786 Enfield Street

A. The basic work day shall be seven (7) hours per day, five (5) days per week Monday through Friday, from 9:00 a.m. to 5:00 p.m., with one (1) hour for lunch, in the middle of the workday.

B. Hours of Work for Police Department - The basic work day shall be seven (7) hours per day, five (5) days per week, Monday through Friday from 8:00 a.m. to 3:30 p.m. with one half (1/2) hour for lunch in the middle of the work day.

C. Hours of Work for the Senior Center and Day Care - The basic work day shall be seven (7) hours per day, five (5) days per week, Monday through Friday, 8:00 a.m. to 4:00 p.m. with one (1) hour for lunch in the middle of the work day.

D. Hours of Work for the Garage - The basic work day shall be seven (7) hours per day, five (5) days per week Monday through Friday, from 7:30 a.m. to 3:00 p.m. with one half (1/2) hour for lunch in the middle of the work day.

E. Part Time Employees - Will be scheduled to work between the hours of 8:00 a.m. to 8:00 p.m.

F. The above starting times and quitting times, in Art. 7.0 A-E inclusive, may be altered at the discretion of management by no more than 2 hours, e.g. an employee at Town Hall may be required to commence work at 11:00 a.m. and end at 7:00 p.m. or start at 7:00 a.m. and end at 3:00 p.m. The employer will give seven (7) calendar days notice of a change to work schedules.

G. Should the Town desire to schedule work other than on a Monday through Friday schedule or beyond the hours listed above the parties agree to negotiate the impact of this decision.

H. Time and one half shall be paid for all hours worked in excess of eight (8) in one day or 40 in one (1) week. If both the employee and the employer agree, in lieu of pay for overtime, compensatory time at the rate of time and one-half shall be earned for all hours worked in excess of eight (8) in one day or forty in one week. Said time must be used during the week it is earned or during the following week. If both the employer and the employee agree, in lieu of additional pay for one (1) hour worked above seven (7) hours in one day up to eight (8) hours in one (1) day, compensatory time at the rate of straight time shall be earned for the hour worked. Said time must be used during the week it is earned or during the following week. Compensatory time may be taken in hour increments up to seven (7) hours.

I. When an employee is called in outside of the employees regularly scheduled working hours and when such hours are not contiguous with the initial or terminal hour of the regular working hours, the employee will be paid a minimum of three (3) hours at time and one half (1 1/2) of the employees regular rate of pay.

J. An employee who is not regularly scheduled to work on a Saturday, Sunday or holiday will be paid time and one half for all hours worked on a Saturday, Sunday or holidays.

K. Full time employees assigned to work seven hours or more per day are entitled to two (2) ten (10) minute breaks, subject to the terms as agreed to in the MOA dated 4-4-00.

7.1 Overtime within classification and by Department (or division if a Department has more than one division) shall be equalized within twenty hours during a fiscal year. Any employee not equalized within 20 hours at the end of the fiscal year shall receive compensation at his/her regular hourly rate for the number of hours required to equalize them within 20 hours of the employee with the greatest amount of overtime in their classification and Department or Division.

ARTICLE 8 GRIEVANCE PROCEDURE

8.0 The purpose of this grievance procedure shall be to settle employee grievances on as low an administrative level as is possible and practical so as to ensure productivity and consistency with the contract.

8.1 A grievance shall be defined as a complaint concerning a claimed violation, misinterpretation or misapplication of a provision of this collective bargaining agreement or a prior practice reduced to writing and agreed to by the parties.

8.2 Grievances arising out of matters covered by this Agreement will be processed in the following manner:

STEP ONE: Employee and Immediate Supervisor. An aggrieved employee and/or the Union on behalf of any aggrieved employee shall within five (5) calendar days of the occurrence giving rise to the grievance, present in writing, to the immediate supervisor outside the bargaining unit of the employee the facts pertaining to the problem or incident.

The immediate supervisor shall answer the grievance within five (5) calendar days from the day the grievance is presented.

STEP TWO: Employee and Department Head: If the matter is not resolved, all the facts pertaining to the grievance shall be presented in writing to the Department Head within five (5) calendar days by the employee and/or the Union.

The Department Head shall notify the employee and/or his/her representative and his/her immediate supervisor of his/her decision in writing within five (5) calendar days from the day the grievance was submitted to him/her.

STEP THREE: Employee and Administrative Head. If the matter is still not resolved,

the Union may request in writing, further review by the Town Manager or his/her designee within five (5) calendar days of the Department Head's decision.

Within ten (10) calendar days, thereafter, the Town Manager or his/her designee shall notify the grievant and his/her representative in writing of his/her decision.

STEP FOUR:

- a. Mediation. In the event the Union feels that further review is justified, the Union may elect to seek mediation of the grievance before the Connecticut State Board of Mediation and Arbitration. The Union's request for mediation shall be in writing and must be filed with the State Board not later than ten (10) calendar days following the Union's receipt of the written answer from Step 3. The Union will advise the Town Manager, in writing, of their submission of the grievance to mediation at the time of the filing.
 - b. Arbitration. If the grievance is not resolved through mediation, the Union may seek arbitration of the grievance before the State Board of Mediation and Arbitration (SBMA). The Union's request for arbitration shall be in writing and must be filed with the SBMA within ten (10) calendar days of the mediation hearing. If the Union chooses to seek only arbitration of the grievance, they shall have ten (10) calendar days from receipt of the decision at Step 3 to file such a request with the SBMA. In either event, the Union will notify the Town Manager in writing of their submission of the grievance to arbitration at the time of filing.
- 8.3 Officers and stewards of the Union, not exceeding three (3) in number for contract negotiations when such negotiations take place during working hours, and one (1) officer for grievance sessions and the grievant shall be afforded time off without loss of pay to attend negotiation and grievance sessions. The Town will not pay such employees for any time spent beyond the employees' usual work hours, nor adjust work schedules to accommodate such attendance.
 - 8.4 Failure at any step to appeal within the specified time lines shall be considered acceptance of the decision rendered. Extension of time limits may only be made by mutual agreement of the parties and must be made in writing.
 - 8.5 At any point in the grievance process an employee(s) has the right to have a Union officer or Steward present.
 - 8.6 The arbitrator(s) shall have no authority to add to or subtract from, or otherwise modify the terms of this Agreement.

ARTICLE 9
DISCIPLINARY PROCEDURE

- 9.0 Disciplinary actions shall include:

- a. verbal warning;
- b. written warning;
- c. suspension without pay;
- d. discharge.

And shall normally follow this order. Any of the aforementioned may be independently invoked.

- 9.1 All suspensions and discharge of permanent employees must be for just cause and all discipline must be stated in writing with reason given and a copy given to the employee **and the Union President** at the time of the disciplinary action.

ARTICLE 10 VACATIONS

- 10.0 Accrual. Annual vacation leave with pay shall be earned by all regular full-time employees and part-time employees whose normal work week is twenty (20) hours or more in the following manner:

FULL YEARS OF SERVICE	DAYS PER FULL MONTH OF CONTINUOUS SERVICE	MAXIMUM EARNED DAYS PER YEARS OF CONTINUOUS SERVICE
Date of hire through 4 th full year	5/6 day	10 days per year
More than 4 yrs Through 6 th full year	1 1/4 days	15 days per year
More than 6 yrs Through 9 th full year	1 1/3 days	16 days per year
More than 9 yrs Through 12 th full year	1 1/2 days	18 days per year
More than 12 full yrs	1 2/3 days	20 days per year

- 10.1 Employees shall apply for vacation leave to their Department Head on a request for leave form. Vacations shall be scheduled by each Department Head in accordance with departmental requirements, giving preference to employee choices according to seniority within a department or its divisions. Approval of such leave shall not be unreasonably denied.

- 10.2 Vacation leave shall be determined by the length of continuous service. For purposes of computing vacation leave, employees who leave the Town service and are later restored shall be considered as new employees.
- 10.3 Vacation time must be used within one (1) year from the date when it accrues, unless other arrangements are approved in writing by the Town Manager. Vacation leave may not be granted until an employee has served a minimum six (6) months of continuous service. Accrued vacation earned prior to the implementation of this Agreement shall not be forfeited.
- 10.4 In the event of an employee's death, his/her designated beneficiary and, if none, his/her estate, shall receive on the basis of the employee's current wages, full compensation of any accumulated vacation leave.
- 10.5 Employees who resign in good standing or who are laid off after employment of six (6) months or more or who have retired from the Town service shall be paid for any unused vacation leave that has accrued to their last day of service. For the purposes of this Section, to resign in good standing, an employee shall give his Department Head a minimum of fourteen (14) calendar days prior notice unless the Town Manager agrees to permit a shorter period of notice. Said notice shall be in writing to the Department Head by the employee stating reasons for leaving the employ of the Town. Normally, leave time shall not be granted during said required period of notice.

ARTICLE 11 LEAVE PROVISIONS

Sick Leave

- 11.0 All regular full-time employees and part-time employees whose normal workweek is twenty (20) hours or more, upon completion of the probationary period shall accumulate sick leave at the rate of one and one-quarter (1-1/4) days per month for a total of fifteen (15) days in any one year with no limit to the amount of unused sick leave that can be accumulated. **All employees hired after January 1, 2013, upon completion of the probationary period, shall accumulate sick leave at the rate of one (1) day per month of service for a total of twelve (12) days in any one year with no limit to the amount of unused sick leave that can be accumulated.**

Each employee shall be entitled to use sick leave with full pay in minimum increments of one (1) hour or more, as has accrued to his/her credit. Each employee shall be notified of his/her accumulated sick leave as of July 1st of each year.

Sick Leave may be used for the following purposes:

- a. Personal illness or physical incapacity.
- b. Enforced quarantine in accordance with health regulations.
- c. For illness or physical incapacity in the employee's immediate family.

Accrued sick leave earned prior to implementation of this Agreement shall not be forfeited.

Employees who work less than twenty (20) hours per week and who were hired before November 14, 2003 who currently accrue sick leave will continue to accrue sick leave.

- 11.1 Proof of illness: In the event of three (3) or more consecutive days of absence on authorized sick leave, a doctor's certificate or other proof of illness shall be required upon request. The Town may require medical documentation from the employee's physician for questionable or excessive absences.
- 11.2 Report of illness: On the first day of absence from work due to illness, the employee shall report his/her illness to his/her immediate supervisor not later than thirty (30) minutes after the commencement of his/her scheduled work assignment. The immediate supervisor shall initiate an absence report form and forward such form to the Personnel Office after the employee's return and it shall become part of the employee's personnel file.
- 11.3 Any full time employee hired after December 31, 1999, who has worked for the Town for more than ten (10) years and who leaves Town service in "good standing" shall receive on the basis of his/her current wages, one-quarter (1/4) of any unused accumulated sick leave up to a maximum of one hundred twenty (120) days as severance pay. "Good standing" shall mean that the employee has given two (2) weeks notice prior to leaving. Any full time employee hired before January 1, 2000 who retires from Town service, receives a Town pension and who leaves in "good standing" will be entitled to full payment for all accrued sick leave up to a maximum of one hundred twenty (120) days.
- 11.4 In the event of an employee's death, his/her designated beneficiary, or if there is no designated beneficiary, then the employee's estate, shall receive, on the basis of the employee's current wages, one-quarter (1/4) of any unused accumulated sick leave days as severance pay up to (120) days.
- 11.5 Employees shall be granted leave with pay for the following reasons:
 - a. Jury Duty. Special leave shall be granted for required jury duty, with the Town paying the full difference between the employee's regular pay and his/her compensation for said jury duty. The employee will notify his/her Department Head at least one week in advance of jury duty.
 - b. Bereavement Leave. Three (3) days special leave with pay shall be granted for death in the immediate family of an employee or the immediate family of his/her spouse. "Immediate family" for the purposes of this clause, is defined as parents, grandparents, spouse, brother, sister, child or grandchild, step-relation, son-in-law, daughter-in-law, brother-in-law, sister-in-law, parents-in-law, uncles, aunts, and also any relation who is domiciled in the employee's household.
 - c. Injury Leave. In the event that an employee covered by this Agreement is injured while at work and, as a consequence of said injury, receives Workers'

Compensation Disability Pay, said employee shall receive Workers' Compensation and Supplemental Pay that will equal full pay for a period not to exceed a total accumulation of one (1) year. At the end of said one (1) year, such supplemental benefits shall cease. All injuries must be immediately reported by the employee to his/her supervisor. Sick and vacation leave will not accrue for any employee who is out of work for thirty (30) calendar days on a workers compensation leave until said employee returns to a regular work status.

- d. Military Leave. Military Leave, not to exceed two (2) weeks, shall be granted to regular employees when required to serve a period on active reserve or national guard duty. During this period, the employee shall be paid the difference, if any, between his/her regular and military salary.
 - 1. No employee, shall lose any seniority standing because of military service in the National Guards or organized reservists.
 - 2. On return from involuntary activation into military service, an employee shall be reinstated in his/her former job or one of like rank and shall receive credit for the yearly increments awarded during his/her absence on military services provided that s/he reports for duty within ninety (90) days of his/her discharge from military service.
 - 3. The Town will pay to the employee's retirement fund the employer's annual assessment.
 - 4. The employee's accumulation of sick leave, upon leaving for military service, shall be credited to his/her account when s/he returns, but there shall be no additional accumulation in the employee's absence.
 - e. Union Leave. Two (2) union officials shall be allowed the required time off without loss of pay to attend official Union conventions and conferences, not to exceed five (5) working days each annually.
 - f. Personal Leave. All regular full-time employees and part-time employees whose normal workweek is twenty (20) or more hours per week shall be allowed time off with pay for a maximum of three (3) days per year for personal business. Employees who work less than twenty (20) hours per week, who were hired before November 14, 2003 and who currently receive personal days will continue to earn three (3) personal days per year.
- 11.6 Family and Medical Leave Act. An employee may be granted a leave of absence under the Town of Enfield Family and Medical Leave Policy attached hereto.
- 11.7 The Town Manager may grant leaves of absence without pay. The denial of said leave may not be grieved.

- 11.8 During the period of leave without pay (exclusive of military leave), the employee shall not be credited for length of service, and shall not be credited with time for the purpose of accruing sick leave, vacation time, or personal days. While in military service an employee will not accrue days for sick leave, vacation leave, personal days, or holidays.
- 11.9 CATASTROPHIC LEAVE. In the event that a member of the bargaining unit incurs a catastrophic illness or injury and exhausts their own sick leave and disability benefits, the remaining members of the bargaining unit, if approved by the Town Manager, may voluntarily donate sick days from their own accumulated sick leave for use by said employee. A catastrophic illness or injury is defined as a non-occupational prolonged hospitalization, terminal illness, or sudden or terrible illness or disease which has disabled an employee from the performance of his/her employment duties.
- 11.10 An employee shall be reinstated from an approved leave of absence without pay, but without any preferred status from his/her prior employment to any position comparable to the position the employee last held with the Town.
- 11.11 Any employee who is on leave of absence without pay, or military leave, shall not be paid for any holidays or accrue sick leave during the period of the absence. Any vacation time due to an employee at the time of taking a leave of absence without pay may be paid at that time. For any employee who is granted a leave of absence without pay, except for Family and Medical Leave, for a period that exceeds one calendar month, such employee's insurance benefits shall terminate on the first of the month following unless such employee requests that his/her insurance benefits be continued and submits the full premium costs for such benefits to the Town for the period of such absence in a manner prescribed by the Personnel Office.
- 11.12 Absence Without Leave. An absence of an employee from duty, including an absence for a whole or part of a day, that is not authorized by a specific grant of leave of absence under the provisions of this Agreement shall be deemed an absence without leave. Any such absence shall be without pay and may be subject to disciplinary action. Any employee who is absent from work for three (3) consecutive full work days, or on three (3) separate full work day occasions without notifying his or her Department Head of the reason for such absence or absences shall be considered to have resigned from the Town service and shall be terminated.

ARTICLE 12

HOLIDAYS

- 12.0 The following holidays shall be observed as days off with full pay:

New Year's Day

Labor Day

Martin Luther King Day

Columbus Day

President's Day

Veteran's Day

Good Friday

Thanksgiving Day

Memorial Day

Day after Thanksgiving

Independence Day

Christmas Day

Employees Birthday

- 12.1 a. Holidays falling on a Saturday shall be celebrated on the preceding day.
- b. Holidays falling on a Sunday shall be celebrated on Monday.
- 12.2 Each employee's holiday pay shall be computed at his/her regular daily rate.
- 12.3 Whenever any of these holidays shall occur when an employee is out on paid sick leave or vacation, the employee shall be paid for the holiday and no charge to sick leave or vacation shall be made for that day.
- 12.4 In order to receive pay for an observed holiday, an employee must be in a work or paid leave status on his scheduled work day immediately preceding and following the holiday.

ARTICLE 13

WAGES

- 13.0 Wage scales, and classifications of positions are attached as appendix A.
- 13.1.1 Employees who work in a higher classification for a period of more than five (5) consecutive days, after being assigned in writing by a supervisor to do so, or who are promoted will receive their current rate plus three percent or the rate listed in Appendix A for that grade, whichever is higher.
- 13.2 Direct deposit-All employees will be paid through direct deposit effective July 1, 2004 and will furnish the Finance Department with the necessary information to arrange for said deposit.

ARTICLE 14

INSURANCE & PENSION

The Town shall provide and pay for the full cost of the following insurance for all employees who work twenty (20) hours or more per week:

- 14.0 Group Life Insurance for employees shall be \$40,000 including an additional \$30,000 coverage in the event of accidental death.

Group Life Insurance shall be \$3,000 for retirees.

- 14.1. Weekly disability benefits of \$100 per week for a maximum of thirteen (13) weeks, such benefits to commence upon the first day of an accident or 8th day of illness. Effective 7-1-97 the benefit will be \$150 per week.
- 14.2 The Town shall provide the following insurance or mutually agreed upon plan for all employees who work more than twenty (20) hours per week and their dependents from the date of hire:
- a. Health Insurance. The Town shall provide the following insurance programs for those employees and their eligible dependents who choose to enroll in such insurance programs.
- 14.3 Employee Contributions Toward Health Insurance Program. The employee contribution (pursuant to IRS Sec. 125) through payroll deduction as described in Attachment C, shall be the following:
- Effective July 1, 2012, bargaining unit members shall be required to contribute twelve and one-half (12.5%) of the cost of his or her insurance coverage through payroll deductions.
- Effective July 1, 2013, bargaining unit members shall be required to contribute twelve and one-half (12.5%) of the cost of his or her insurance coverage through payroll deductions.
- Effective July 1, 2014, bargaining unit members shall be required to contribute fourteen (14%) of the cost of his or her insurance coverage through payroll deductions.
- 14.5. HMO Option. In lieu of the above plan as described in Attachment C, all employees in the bargaining unit are eligible to enroll in designated health maintenance organizations. The Town shall contribute toward the HMO premium only the amount of the Town paid premium that is paid for the plan described in Attachment D for the employee and dependents. Any and all additional costs for the HMO shall be paid for by the employee in the form of payroll deduction. The Town assumes no responsibility for the administration of the HMO plans nor for any aspect of its operation, including eligibility, cost, coverage or delivery of health services.
- 14.6 High Deductible Health Care Plan with a Health Savings Account Option plan as described in Attachment E:
- a. \$1500/\$3000 In Network Deductible, 100% coinsurance after Deductible is satisfied in Network; \$3000/\$6000 Out of Network Combined Deductible 80% Coinsurance after Deductible is satisfied
- b. 100% Preventive Coverage

- c. Drug Coverage applies to Deductible

14.7 Change of Carriers. The Town may from time to time change the carriers for any of the foregoing insurance, provided that the benefits shall be equivalent or better than those provided in the above referenced coverages. In the event that any carrier ceases operation or refuses to renew with the Town the Town will take all necessary actions to induce all other carriers to hold an open enrollment period within 30 calendar days.

14.8 Blue Cross 65/Blue Shield 65 - Retired Employees.

- a. Eligibility. Any employee, with 10 years of service with the Town and who has worked for the Town until age 55 or later who is retired by the Town of Enfield under the Pension Plan provided by Article 14.8 of this Agreement or any employee who has 10 years of service with the Town and who has worked for the Town until age 55 or later who receives retirement income either from the Town or as a result of service with the Town, shall be eligible for BC/BS 65 upon attaining age 65.
- b. Enrollment. Employees enrolled in the Town's group Blue Cross/Blue Shield plans shall automatically be enrolled in the Town's BC/BS 65 Plan for retirees. Retirees not enrolled in the Town's group BC/BS plans shall apply for membership in the Town's BC/BS 65 Plan upon attaining age 65.
- c. Type of Plan and Benefits. The hospital and medical insurance plan shall be the Connecticut Blue Cross 65/Blue Shield 65 Plan as prescribed by the Blue Cross/Blue Shield contract in force.
- d. The Town shall pay the full Connecticut Blue Cross 65/Blue Shield 65 premium of each subscribing retiree.
- e. Retirees shall be able to purchase Blue Cross/Blue Shield 65 coverage for their spouses at the Town's COBRA rate. Early retirees shall be able to continue coverage for themselves and dependents provided that they pay the COBRA rate for such coverage in a timely manner.

14.9 Employees are provided with retirement benefits under the Town of Enfield Pension Plan. Any changes made in the Pension Plan which would decrease the benefits available to employees or increase their rate of contribution shall be done only through collective bargaining. A copy of the Pension Plan shall be retained by the Union. Employees hired on or after July 1, 1999 must join the Town pension plan once they are eligible for said plan. Employees hired before July 1, 1999 who are members of the plan must remain members of the pension plan. Employees hired before July 1, 1999 who are not members of the plan, once eligible, will be given the opportunity to join the plan each July. Once they join the plan they must remain members of the plan.

14.10 Health Insurance Buy-back. An employee who is covered under alternate health insurance through another employer (e.g. spouse) may elect in writing, on a form

provided by the Town, to waive coverage under the Town's health and dental insurance programs. Such employee shall receive \$500.00 (five hundred dollars) on or about December 1 of each year, and prorated as necessary based on the number of calendar months out of the preceding twelve (12) months during which the Town was not required to pay any premiums for health/dental coverage for the employee or his/her dependents. Re-entry into the Town's insurance program shall be permitted on the first day of January, April, July and October of each year.

ARTICLE 15 NONDISCRIMINATION

15.0 Neither the Town nor the Union shall discriminate against any employee on the basis of race, color, religion, national origin, age, sex, marital status, sexual orientation, physical or mental disability, union activity or political activity, or any other non-job related characteristic. Whenever the male gender is used in this Agreement, it shall be construed to include equally both male and female employees.

ARTICLE 16 NO STRIKE - NO LOCKOUT

- 16.0 No Strike. The Union, its officers, agents or employees agree that they will not instigate, promote, sponsor, engage in or condone any strike (including sympathy strikes), slowdown, or any other concerted stoppage of work. Employees who are not on duty maintain their right of freedom of expression provided there is no breach of this Section.
- 16.1 No Lockout. The Town will not instigate a lockout over a dispute with the Union so long as there is no breach of Section I of this Article.

ARTICLE 17 MISCELLANEOUS

- 17.0 Evaluations. Employees shall be given a copy of their evaluation form at the time they are required to sign it. Employees will be evaluated three (3) times during their first year and once a year after that. Evaluations will only be used for disciplinary and promotional purposes for a period of three (3) years from their date of issue. After probation has been completed, if an employee receives an overall rating of "below" he/she shall have the right to grieve said rating if the decision to rate the employee at "below" was arbitrary, capricious or discriminatory.
- 17.1 Deferred Compensation Plan. The Town shall continue established procedures for enrolling members of the bargaining unit in the Town recognized deferred compensation plan. Participation in this plan shall be at the discretion of each individual employee.
- 17.2 Tuition Reimbursement. Employees with six (6) months of continuous service may apply for an educational refund for a course or seminar for a certificate or toward a degree at an accredited college.

- a. The employee must submit to the department head for his/her approval (prior to the commencement of the course) a description of the course to be taken and a degree to which the course is credited, if applicable. This application must then be submitted to the Human Resources Director and Town Manager for approval.
 - b. The Human Resources Director or Town Manager has the prerogative to approve or disapprove such application depending on the nature of the course taken and the degree which is being matriculated for, and its relevancy to the employee's position in the Town. This decision may not be grieved.
 - c. When the application is approved, the employee will be reimbursed eighty percent (80%) of tuition cost up to \$400.00 (not including books), sixty (60) days after the submission of passing grades. The maximum allowance per fiscal year will be \$800.00 per employee.
 - d. The Town reserves the right to limit the education refund program based on availability of funds.
- 17.3 Non-Waiver of Claim. Failure of the Town, the employees or the Union to insist upon compliance with a specific provision of this Agreement at any given time or times, shall not operate to waive or modify such provision in any manner whatsoever, to render it unenforceable as to any other time or times, or as to any other occurrences, provided the circumstances are the same.

ARTICLE 18 SAVINGS CLAUSE

18.0 Should any article, section or portion thereof of this Agreement be held unlawful and unenforceable by any court of competent jurisdiction such decisions shall apply only to the specific article, section or portion thereof directly related to the decision. Upon issuance of such a decision, the parties agree, where applicable, to negotiate a substitute for the invalidated article, section or portion thereof.

18.1 This contract represents complete collective bargaining and full agreement by the parties in respect to rates of pay, wages, hours of employment, or other conditions of employment which shall prevail during the term hereof and any matters not herein covered have been satisfactorily adjusted, compromised, or waived by the parties for the life of this agreement.

ARTICLE 19 SAFETY COMMITTEE

19.0 A joint safety committee shall be formed by the Town and the Union and said committee shall meet to review and discuss safety and health conditions.

ARTICLE 20
FSA AND CHET PLANS

- 20.0 The Town's flexible spending account and section 125 plan will be made available to the employees per the Agreement between the Town and the carrier. The monthly participant cost and annual fees, if any, for this plan will be borne by the employees opting to enroll in the account and plan. Enrollment is optional to all employees covered by this Agreement.
- 20.1 The Town will provide for payroll deduction of contributions to the Connecticut Higher Education Trust Fund for all employees.

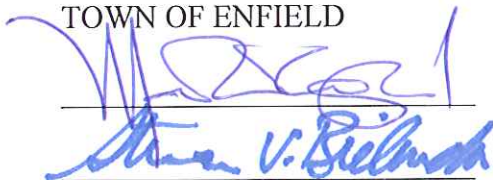
ARTICLE 21
DURATION

- 21.0 This contract shall be in full force and effect through June 30, 2015 and shall continue in effect thereafter, unless amended or modified in the manner prescribed below, or terminated in accordance with the law. All changes shall be implemented as soon as possible after execution of this Agreement, except where other specific effective dates are called for in this Agreement.
- 21.1 Between the first day of January and the first day of February, 2015 either party may notify the other party if it wishes to amend or modify the contract as of July 1, 2015. Within thirty (30) days of such notification, the party receiving such notification shall meet with the other party to discuss the proposed amendments or modifications.

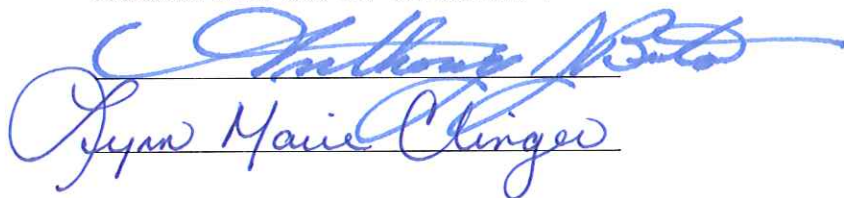
SIGNED ON THIS 11th DAY OF March
_____ IN THE YEAR 2013.

BY:

TOWN OF ENFIELD



LOCAL 1303-359 OF COUNCIL 4



APPENDIX A - WAGES

Grade	Classification	Increase	Fiscal Year	Hourly/Annual Wages	
				Hourly	Annual
1	Clerk-Typist	1%	2012-13	17.90	32,580
	Receptionist	2%	2013-14	18.26	33,233
	Secretary I	2%	2014-15	18.62	33,888
2	Accounts Payable Clerk	1%	2012-13	20.25	36,855
	Administrative Assistant	2%	2013-14	20.66	37,601
	Secretary II	2%	2014-15	21.07	38,347
	Tax Clerk I				
3	Accounting Clerk	1%	2012-13	21.07	38,347
	Assessment Clerk	2%	2013-14	21.49	39,111
	Police Aide	2%	2014-15	21.92	39,894
	Secretary III				
	Tax Clerk II				
4	Legal Secretary	1%	2012-13	21.91	39,876
		2%	2013-14	22.35	40,677
		2%	2014-15	22.79	41,478

APPENDIX B

TOWN OF ENFIELD

FAMILY/MEDICAL LEAVE POLICY

<i>Issues</i>	<i>Personal serious health condition</i>	<i>Birth, adoption or foster care</i>	<i>Serious health condition of child, parent or spouse</i>
Employment Eligibility	Employed at least 12 Months and work at least 1250 hours during the fiscal year.	Same.	Same
Effective Date	August 5, 1993 for non-bargaining unit employees; February 5, 1994 for union members.	Same.	Same
Who qualifies?	Employees who meet eligibility criteria above.	<p>An employee who is either the father or the mother can take family leave for the birth, placement for adoption or foster care of a child. See 825.112, Family Medical Leave Act for qualifying circumstances under which family leave may be taken for adoption or foster care.</p> <p>Eligibility for leave expires 12 months after the event. Leave must be completed by the one year anniversary of the event.</p>	<p>An employee who has a biological child, adopted child, foster child, step-child, legal ward or a child under 18 for whom the employee stands in loco parentis.</p> <p>An employee who has a child (defined above) age 18 or older who is incapable of self-care due to mental or physical disability.</p> <p>An employee who has a biological parent, former legal guardian, or someone who raised the employee in place of a parent.</p> <p>An employee who has a spouse as legal husband or wife.</p>
Serious Health Condition Defined	<p>Illness, injury, impairment or physical or mental condition that involves inpatient care in a hospital, hospice or residential medical care facility; or</p> <p>Continuing treatment by a health care provider.</p> <p>Excludes short term conditions for which treatment and recovery are brief such as illness lasting a few days.</p> <p>Pregnancy/Maternity Leave taken shall count toward FMLA leave.</p>	Not applicable.	<p>Illness, injury, impairment or physical or mental condition that involves inpatient care in a hospital, hospice or residential medical care facility; or</p> <p>Continuing treatment by a health care provider.</p> <p>Excludes short term conditions for which treatment and recovery are brief such as illness lasting a few days.</p> <p>Pregnancy/Maternity Leave taken shall count toward FMLA leave.</p>
Intermittent or Reduced Leave	Leave may be intermittent or reduced if medically necessary.	Leave may be intermittent or reduced only if employer agrees.	Leave may be intermittent or reduced if medically necessary.
Ability to temporarily transfer to another	Yes, if employee is on intermittent or reduced leave to position of equivalent	Same.	Same.

<i>Issues</i>	<i>Personal serious health condition</i>	<i>Birth, adoption or foster care</i>	<i>Serious health condition of child, parent or spouse</i>
position	pay and benefits.		
Provisions if Both Spouses Work For the Town	12 weeks leave each for their respective personal serious health condition(s).	A combined total of 12 weeks of leave which may or may not be taken concurrently. However, if both employees work in the same department then the leave cannot be taken on the same scheduled work days.	2 weeks of leave each which may or may not be taken concurrently. However, if both employees work in the same department, then the leave cannot be taken on the same scheduled work days, except for the serious health condition of the spouse.
Restoration to Position	<p>Must be restored to the same position held prior to the leave; or</p> <p>To a position that is equivalent in pay, benefits, privileges and other conditions and terms of employment.</p> <p>An employee has no greater right to reinstatement or to benefits and conditions of employment than if the employee had been continuously employed during the FMLA leave period.</p>	Same.	Same.
Notification	Employee must provide 30 days notice when need for leave is foreseeable. Otherwise notice must be given as soon as practicable.	Same.	Same.
Medical Certification	Certification for illnesses shall include the date the serious health condition began, duration of the condition, applicable medical facts, statement that the employee is unable to perform the functions of the job, and medical reasons for any intermittent or reduced leave requests (if applicable).	Not applicable.	Certification for illness shall include the date the serious health condition began, duration of the condition, applicable medical facts, statement that the employee is needed to care for the ill person, an estimate of how long the employee will be needed, and/or medical reasons for any intermittent or reduced leave requests.
Second and Third Opinions	<p>The Town may request and pay for a second opinion from a physician of the Town's choice.</p> <p>Either the employee or the Town may request a third opinion if the 1st two opinions conflict. A third opinion shall be paid for by the Town and both the Town and the Employee must agree on the provider. The decision of the third opinion is final.</p>	Not applicable.	<p>The Town may request and pay for a second opinion from a physician of the Town's choice.</p> <p>Either the employee or the Town may request a third opinion. A third opinion shall be paid for by the Town and both the Town and the employee must agree on the provider. The decision of the third opinion is final.</p>
Certification for Return to Work	Certification of fitness for duty may be required of all employees taking FMLA leave.	Certification of fitness for duty may be required of all employees taking FMLA leave.	Not applicable.

<i>Issues</i>	<i>Personal serious health condition</i>	<i>Birth, adoption or foster care</i>	<i>Serious health condition of child, parent or spouse</i>
Relationship to Paid Leave	<p>Employee may utilize accrued sick leave, then may request unpaid leave for the duration of the FMLA leave.</p> <p>The employee may substitute accrued vacation leave in place of all or part of the unpaid leave, if s/he so desires.</p>	<p>If the employee is the birth mother, accrued sick leave must be utilized first for the period of disability. After the disability, the employee may request unpaid leave for the remainder of the FMLA leave for the care of the child. Accrued vacation time can also be used in lieu of all or part of the unpaid leave if the employee so desires.</p> <p>If the employee is not the birth mother, s/he may request unpaid leave or use accrued vacation time in lieu of all or part of the unpaid leave for the duration of the FMLA leave.</p>	Employees may use up to 15 family sick days, then may request unpaid leave or the accrued vacation time in lieu of all or part of the unpaid leave, for the duration of the FMLA leave.
Sick Leave and Vacation Leave Accruals	Sick and vacation leave shall not accrue for any full calendar month in which the employee is not in a regular paid status. Sick and vacation time will accrue during the employee's use of paid sick leave and/or paid vacation leave for any portion of FMLA leave.	Same.	Same.
Maintenance of Medical, Dental and Life Insurance Benefits	The Town will maintain group medical, dental and life insurance coverage for the duration of the FMLA leave provided that the employee make the necessary payment(s) for that portion of the insurance premium that s/he would have had to make had s/he not taken FMLA leave. In the event that the employee does not return to work when the FMLA leave expires, s/he shall be able to continue medical and dental coverage under COBRA at his/her own expense at the COBRA rates. Failure to continue coverage under COBRA will remain in the expiration of medical and dental coverage at the end of the month when such FMLA leave has expired. Life insurance coverage expires when FMLA leave expires if the employee does not return to work.	Same.	Same.

<i>Issues</i>	<i>Personal serious health condition</i>	<i>Birth, adoption or foster care</i>	<i>Serious health condition of child, parent or spouse</i>
Miscellaneous	<p>All requests for FMLA leave must be documented including whether or not the leave was granted and reasons for the denial where that is the case.</p> <p>The Family Medical Leave Act prohibits an employer from putting any restraint on an employee for exercising his/her rights under the FMLA. The Town may not penalize or discipline an employee for requesting or using the FMLA provisions.</p> <p>The 12 month period for FMLA purposes will coincide with the Town's fiscal year (July 1-June 30). Each employee shall be allowed a combined total of 12 weeks of FMLA leave per year (except when both spouse work for the Town as described above).</p> <p>Medical information and documentation shall be treated as confidential medical records and shall be kept in a confidential file separate from the employee's personnel file.</p> <p>The parties agree that existing contractual benefits will remain in effect in accordance with existing collective bargaining agreement.</p>		
Date of Adoption	The above provisions were agreed to by the parties as indicated on the signature page of this collective bargaining agreement.		

APPENDIX C

HEALTH INSURANCE (PPO)

DENTAL PLAN

PHARMACY SUMMARY

(See Attached)

SUMMARY OF BENEFITS Cigna Health and Life Insurance Company



**Town of Enfield-1029, Police Department (EPD), Non-Union,
Custodians 025+-030 & Clerical Union
Open Access Plus Copay Plan**

Annual deductibles and maximums	In-network	Out-of-network
Lifetime maximum	Unlimited per individual	
Pre-Existing Condition Limitation (PCL)	Does Not Apply	
Coinsurance	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Maximum Reimbursable Charge <ul style="list-style-type: none"> Determined based on the lesser of: <ul style="list-style-type: none"> the health care professional's normal charge for a similar service; or a percentage of a fee schedule developed by CIGNA that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is determined based on the lesser of: <ul style="list-style-type: none"> the health care professional's normal charge for a similar service or supply; or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. Out-of-network services are subject to a calendar year deductible and maximum reimbursable charge limitations. 	N/A	200%
Calendar year deductible <ul style="list-style-type: none"> The amount you pay for out-of-network services counts towards both your in-network and out-of-network deductibles. (One way accumulation) After each family member meets his or her individual deductible, the plan will pay his or her claims, less any coinsurance amount. After the family deductible has been met, each individual's claims will be paid by the plan, less any coinsurance amount. 	Not applicable	Employee \$200 Employee + 1 \$400 Employee and family \$500
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> The amount you pay for out-of-network services counts towards both your in-network and out-of-network out-of-pocket maximums. (One way accumulation) Deductibles contribute towards your out-of-pocket maximum. Copays do not contribute towards the out-of-pocket maximum. Mental health and substance abuse services count 	Not applicable	Employee \$1,000 Employee + 1 \$2,000 Employee and family \$2,500



Annual deductibles and maximums	In-network	Out-of-network
<p>towards your out-of-pocket maximum.</p> <ul style="list-style-type: none"> After each family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. After the family out-of-pocket maximum has been met, the plan will pay 100% of each individual's covered expenses. 		

Benefits	In-network	Out-of-network
Physician services		
Office visit	You pay \$20 per visit	You pay 20% Plan pays 80% after the deductible is met
Physician services (hospital) <ul style="list-style-type: none"> In hospital visits and consultations Inpatient Outpatient 	No charge	You pay 20% Plan pays 80% after the deductible is met
Surgery (in a physician's office)	No charge	You pay 20% Plan pays 80% after the deductible is met
Counseling – Nutritional and Genetic <ul style="list-style-type: none"> 3 days each per calendar year Services associated with preventive care are covered at the Preventive Care benefit level. Services for Diabetes are unlimited and do not contribute to the Day maximum. 	You pay \$20 per visit	You pay 20% Plan pays 80% after the deductible is met
Allergy treatment/injections - Unlimited maximum per calendar year	No charge	You pay 20% Plan pays 80% after the deductible is met
Allergy serum (dispensed by the physician in the office)	No charge	You pay 20% Plan pays 80% after the deductible is met
Preventive care		
Adults and children <ul style="list-style-type: none"> Office visit In-network immunizations are covered at no charge. Out-of-network immunizations are covered at the out-of-network coinsurance level. Includes coverage for travel immunizations. Subject to a calendar year maximum of Unlimited 	No Charge	You pay 20% Plan pays 80% after the deductible is met



Benefits	In-network	Out-of-network
Hearing Exam One exam every two calendar years.	No Charge	You pay 20% Plan pays 80% after the deductible is met
Mammogram, PSA, Pap Smear and Maternity Screening <ul style="list-style-type: none"> Coverage includes the associated Preventive Outpatient Professional Services. Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service. 	No Charge	You pay 20% Plan pays 80% after the deductible is met
Inpatient hospital facility services		
Semi-private room and board and other non-physician services <ul style="list-style-type: none"> Inpatient room and board, pharmacy, x-ray, lab, operating room, surgery, etc. Private room stays may result in extra charges for the patient. 	\$300 copay per admission	You pay 20% Plan pays 80% after the deductible is met
Inpatient Professional Services <ul style="list-style-type: none"> For services performed by surgeons, radiologists, pathologists and anesthesiologists 	No charge	You pay 20% Plan pays 80% after the deductible is met
Multiple surgical reduction <ul style="list-style-type: none"> Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery. 	Included	Included
Outpatient services		
Outpatient surgery (facility charges) <ul style="list-style-type: none"> Non-surgical treatment procedures are not subject to the facility copay/deductible. 	\$100 copay per visit	You pay 20% Plan pays 80% after the deductible is met
Outpatient Professional Services <ul style="list-style-type: none"> For services performed by surgeons, radiologists, pathologists and anesthesiologists 	No charge	You pay 20% Plan pays 80% after the deductible is met



Benefits	In-network	Out-of-network
Physical, occupational, cognitive, chiropractic and speech therapy <ul style="list-style-type: none">Unlimited days per calendar year for all therapies combinedIncludes physical therapy, speech therapy, occupational therapy, pulmonary rehabilitation and cognitive therapyIncludes chiropractic therapy (Includes chiropractors)Therapy days, provided as part of an approved Home Health Care plan, accumulate to the outpatient short term rehab therapy maximum.	No charge	You pay 20% Plan pays 80% after the deductible is met
Cardiac rehabilitation <ul style="list-style-type: none">Limited to 36 days per calendar year	No charge	You pay 20% Plan pays 80% after the deductible is met
Lab and X-ray		
Lab and X-ray <ul style="list-style-type: none">Physician's officeOutpatient hospital facilityIndependent x-ray and/or lab facility	No charge	You pay 20% Plan pays 80% after deductible is met
Lab and X-ray, emergency room and urgent care <ul style="list-style-type: none">Emergency room when billed by the facility as part of the emergency room visitUrgent care when billed by the facility as part of the urgent care visit.Independent x-ray and/or lab facility in conjunction with a emergency room visit	No charge	
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none">Inpatient hospital facilityOutpatient facility	No charge	You pay 20% Plan pays 80% after the deductible is met
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none">Emergency roomUrgent care facility	No charge	
Emergency and urgent care services		
Hospital emergency room <ul style="list-style-type: none">Includes radiology, pathology and physician chargesCopay waived if admitted, then inpatient hospital charges would applyOut-of-network services are covered at the in-network rate.	You pay a \$75 copay	



Benefits	In-network	Out-of-network
Ambulance <ul style="list-style-type: none"> Out-of-network services are covered the same as in-network services. Note: Non-emergency transportation (e.g. from hospital back home) is generally not covered. 	No charge	
Urgent care services <ul style="list-style-type: none"> Out-of-network services are covered at the in-network rate. Copay waived if admitted, then inpatient hospital charges would apply. 	You pay a \$75 copay	
Other health care facilities		
Skilled nursing facility, rehabilitation hospital and other facilities <ul style="list-style-type: none"> 180 days per calendar year 	No charge	You pay 20% Plan pays 80% after the deductible is met
Home health care <ul style="list-style-type: none"> Unlimited days per calendar year 	No charge	You pay 20% Plan pays 80% no deductible
Hospice Inpatient services Outpatient services	No charge	You pay 20% Plan pays 80% after the deductible is met
Other health care services		
Durable medical equipment <ul style="list-style-type: none"> Unlimited calendar year maximum 	No charge	You pay 20% Plan pays 80% after the deductible is met
External prosthetic appliances (EPA) <ul style="list-style-type: none"> Unlimited calendar year maximum 	No charge	You pay 20% Plan pays 80% after the deductible is met
TMJ, surgical and non-surgical	Not covered	Not covered
Infertility <ul style="list-style-type: none"> Office visit for testing, treatment and artificial insemination Inpatient hospital facility Outpatient hospital facility Physician services Surgical treatment includes both correction and in-vitro fertilization, GIFT, ZIFT, etc. Unlimited lifetime maximum – cycle limits/maximums do not apply 	Cost and reimbursement vary based on the facility in which it is performed	You pay 20% Plan pays 80% after the deductible is met



Benefits	In-network	Out-of-network
Family planning <ul style="list-style-type: none"> Office visits Inpatient hospital facility Outpatient facility Physician services Surgical services such as tubal ligation or vasectomy are covered (excluding reversals). Includes contraceptive devices 	Cost and reimbursement vary based on the facility in which it is performed	You pay 20% Plan pays 80% after the deductible is met
Maternity care services <ul style="list-style-type: none"> Federal maternity - employee, all dependents 	\$20 copay for initial visit to confirm pregnancy, then no charge	You pay 20% Plan pays 80% after deductible is met
Mental health and substance abuse services		
Please note the following regarding Mental Health (MH) and Substance Abuse (SA) benefit administration: <ul style="list-style-type: none"> Substance Abuse includes Alcohol and Drug Abuse services. Transition of Care benefits are provided for a 90-day time period. 		
Inpatient mental health services <ul style="list-style-type: none"> Unlimited days per calendar year Includes Partial Hospitalization and Residential Treatment Mental health services are paid at 100% after you reach your out-of-pocket maximum. 	\$300 copay per admission	You pay 20% Plan pays 80% after the deductible is met
Outpatient mental health physician's office services and outpatient facility <ul style="list-style-type: none"> Unlimited visits per calendar year Includes Individual, Group, and Intensive Outpatient Mental health services are paid at 100% after you reach your out-of-pocket maximum. 	You pay \$20 per visit	You pay 20% Plan pays 80% after the deductible is met
Inpatient substance abuse services <ul style="list-style-type: none"> Unlimited days per calendar year Includes Partial Hospitalization and Residential Treatment Substance abuse services are paid at 100% after you reach your out-of-pocket maximum. 	\$300 copay per admission	You pay 20% Plan pays 80% after the deductible is met
Outpatient substance abuse - physician's office services and outpatient facility <ul style="list-style-type: none"> Unlimited visits per calendar year Substance abuse services are paid at 100% after you reach your out-of-pocket maximum. 	You pay \$20 per visit	You pay 20% Plan pays 80% after the deductible is met
Prescription drugs		
	Coverage for pharmacy is through MEDCO-Express Scripts	
Vision care (covered under CIGNA Vision Care) One exam every two calendar years.	No charge	





Definitions

Deductible – A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

Coinsurance – After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called coinsurance.

Copay – A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

Out-of-pocket Maximum – Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "maximum reimbursable charges" or negotiated fees for covered services.

Place of service – Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

Selection of a Primary Care Provider – Your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, CIGNA may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

For children, you may designate a pediatrician as the primary care provider.

Direct Access to Obstetricians and Gynecologists – You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Transition of Care – Provides in-network health coverage to new customers when the customer's doctor is not part of the CIGNA network and there are approved clinical reasons why the customer should continue to see the same doctor.

Maximizing your health care dollars

Log on to myCIGNA.com for resources to help you choose a health care professional or compare the cost and quality of medical services, medications and hospital care.

When you need a medical service or procedure, CIGNA offers you opportunities to save on routine medical care, laboratory services, radiology scans, and outpatient surgery. Details are below:

Lab – Save on lab services by using a free-standing laboratory instead of a hospital- or clinic-based lab.

Urgent Care – For non-emergency conditions that need attention before you can see your doctor, you can save money by going to an urgent care center instead of an Emergency Room (ER).

Convenience Care – For minor or routine conditions, go to a Convenience Care Clinic when your doctor is unavailable. Convenience Care Clinics are retail-based and often found in pharmacies or grocery stores.

Radiology – Costs for MRIs, PET, and CT scans can vary greatly. Non-hospital based outpatient radiology centers often cost much less than a hospital. CIGNA's network includes both hospitals and outpatient centers, so you can find a radiology center that's right for you.

Outpatient Surgery – Costs for colonoscopies, arthroscopies, and other outpatient procedures can vary greatly. Using a free-standing outpatient surgery center can save hundreds of dollars.



Exclusions

What's Not Covered (*not all-inclusive*):

Your plan provides coverage for most medically necessary services. Examples of things your plan does not cover, unless required by law or covered under the pharmacy benefit, include (but aren't limited to):

- Services provided through government programs
- Services that aren't medically necessary
- Experimental, investigational or unproven services
- Services for an injury or illness that occurs while working for pay or profit including services covered by worker's compensation benefits
- Cosmetic services
- Dental care, unless due to accidental injury to sound natural teeth
- Reversal of sterilization procedures
- Genetic screenings
- Non-prescription and anti-obesity drugs
- Custodial and other non-skilled services
- Weight loss programs
- Treatment of TMJ Disorder
- Acupuncture
- Telephone, email and internet consultations in the absence of a specific benefit
- Eyeglass lenses and frames, contact lenses and surgical vision correction

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not-covered services, including benefits required by your state, see your employer's insurance certificate or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

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Town of Enfield – Full AB 058

CIGNA Dental PPO Benefit Summary Effective 07/01/2011

This is a summary of the benefits for your PPO plan. All plan maximums and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

<i>Benefits</i>	CIGNA Dental PPO			
	In-Network		Out-of-Network	
CIGNA DPPO Radius Network				
<i>Calendar Year Maximum</i> (Class I, II and III expenses)	Unlimited		Unlimited	
<i>Calendar Year Deductible</i> Per Individual Per Family	\$0 per person \$0 per family		\$0 per person \$0 per family	
<i>Reimbursement Levels**</i>	Based on Reduced Contracted Fees		Paid as Billed	
	<i>Plan Pays</i>	<i>You Pay</i>	<i>Plan Pays</i>	<i>You pay</i>
<i>Class I – Preventive/diagnostic services</i> Oral Exams Routine Cleanings Periodontal Cleanings Routine X-rays Non-Routine X-rays Fluoride Application Emergency to Relieve Pain	100%	0%	100%	0%
<i>Class II – Basic restorative services</i> Fillings Root Canal Therapy / Endodontics Oral Surgery, Simple Extractions Refines, Rebases, and Adjustments Repairs – Dentures Apicoectomy Stainless Steel Crowns	100%	0%	100%	0%
<i>Class III – Major restorative services</i> Crowns / Inlays / Onlays Dentures Bridges Oral Surgery, All Except Simple Extractions Addition of teeth to partial dentures to replace extracted teeth Repairs - Bridges, Crowns, and Inlays Space Maintainers (non-orthodontic) Surgical Extraction of Impacted Teeth	50%	50%	50%	50%

Missing Tooth Limitation – No limitations

*Subject to annual deductible

**Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.

***For services provided by a CIGNA Dental PPO network dentist, CIGNA Dental will reimburse the dentist according to a Contracted Fee Schedule.

For services provided by an out of network dentist, CIGNA Dental will reimburse according to the Reasonable and Customary Allowances but the dentist may balance bill up to their usual fees.

CIGNA Dental PPO Exclusions and Limitations

Procedure	Exclusions & Limitations
Late Entrants Limit	Covered at next open enrollment
Exams	Two per Calendar year
Prophylaxis (cleanings)	Two per Calendar year
Fluoride	2 per calendar year for people under 19
X-Rays (routine)	Bitewings: 1 per calendar year
X-Rays (non-routine)	Full mouth: 1 every 3 calendar years. Panorex: 1 every 3 calendar years
Model	Not covered
Minor Perio (non-surgical)	Not covered
Perio Surgery	Not covered
Crowns and Inlays	Replacement every 5 years
Bridges	Replacement every 5 years
Dentures and Partials	Replacement every 5 years
Relines, Rebases	Covered if more than 6 months after installation
Relines of Dentures	Once every 2 years
Adjustments	Covered if more than 6 months after installation
Repairs – Bridges	Reviewed if more than once
Repairs – Dentures	Reviewed if more than once
Sealants	Not covered
Space Maintainers	Limited to non-Orthodontic treatment
Prosthesis Over Implants	1 per every 5 years if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges
Alternate Benefit	When more than one covered Dental Service could provide suitable treatment based on common dental standards, CG will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Occlusal Guard	Not covered
Occlusal Guard Adjustment	Not covered
General Anesthesia	Not covered

Benefit Exclusions:

- Services performed primarily for cosmetic reasons
- Replacement of a lost or stolen appliance
- Replacement of a bridge or denture within five years following the date of its original installation
- Replacement of a bridge or denture which can be made useable according to accepted dental standards
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- Bite registrations; precision or semi-precision attachments; splinting
- Surgical implant of any type
- Instruction for plaque control, oral hygiene and diet
- Dental services that do not meet common dental standards
- Services that are deemed to be medical services
- Services and supplies received from a hospital
- Charges which the person is not legally required to pay
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
- Experimental or investigational procedures and treatments
- Any injury resulting from, or in the course of, any employment for wage or profit
- Any sickness covered under any workers' compensation or similar law
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- For charges which would not have been made if the person had no insurance;

- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Connecticut General Life Insurance Company will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description.

Benefits are insured and/or administered by Connecticut General Life Insurance Company.

CIGNA Dental refers to the following operating subsidiaries of CIGNA Corporation: Connecticut General Life Insurance Company, and CIGNA Dental Health, Inc., and its operating subsidiaries and affiliates. The CIGNA Dental PPO is underwritten and/or administered by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc. For Arizona/Louisiana residents the dental PPO plan is known as CG Dental PPO. In Texas, CIGNA Dental's network-based indemnity plan is known as CIGNA Dental Choice. ©

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BSD23214

Your prescription drug co-payments at a glance

Show this to your doctor and discuss ways to pay less for your medications.

If you need a long-term medication, you may pay less over time by using the **Medco Pharmacy**¹ mail-order service instead of a drugstore. We'll deliver up to a 100-day supply right to you—and **standard shipping is free**. Take the enclosed mail-order form and envelope to your doctor and ask if a 100-day prescription would be right for you. Your doctor can also fax your prescription to Medco by calling 1 888 327-9791 for faxing instructions.

	At a retail pharmacy	Out-of-network retail pharmacy	Through the <i>Medco Pharmacy</i>
Generic drugs	\$10 34-day supply	20% 34-day supply	\$20 100-day supply (Save \$40 annually over retail)
Preferred brand-name drugs	\$20 34-day supply	20% 34-day supply	\$40 100-day supply (Save \$80 annually over retail)
Nonpreferred brand-name drugs	\$30 34-day supply	20% 34-day supply	\$60 100-day supply (Save \$120 annually over retail)

Note: If you request a brand-name medication when a generic equivalent is available, you will pay the applicable co-payment, plus the difference in cost between the brand and the generic.

You have an individual annual maximum of \$1,000. You will pay 100 percent of your prescription drug expenses once you reach this maximum. CIGNA will administer reimbursement for the remainder of the calendar year. Refer to your CIGNA benefits for additional plan information.

For short-term prescriptions, such as antibiotics, use a participating retail pharmacy

As a Medco member, you can go to any of **nearly 60,000 retail pharmacies**, including most major drugstores. Just ask your retail pharmacy if it's in the Medco network. You can also visit www.medco.com and click "Locate a pharmacy" or call Member Services toll-free at 1 800 413-7516.

Medco may contact your doctor about your prescription

If you are prescribed a drug that is not on your health plan's preferred list, yet an alternative plan-preferred drug exists, we may contact your doctor to ask whether that drug would be appropriate for you. If your doctor agrees to use a plan-preferred drug, you will usually pay less.

KEEP THIS INFORMATION

If you have any questions after you start using your benefit, please call
Member Services toll-free at 1 800 413-7516.

Specialty medications: Get personalized service through Accredo

Specialty medications are drugs that are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis. Our dedicated specialty pharmacy, Accredo Health Group, Inc., is composed of therapy-specific teams that provide an enhanced level of personalized service to patients with special therapy needs.

Whether they're administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service. By ordering your specialty medications through Accredo, you can receive:

- Toll-free access to specialty-trained pharmacists and nurses 24 hours a day, 7 days a week
- Expedited, scheduled delivery of your medications at no additional charge
- Necessary supplies, such as needles and syringes, provided with your medications
- Safety checks to help prevent potential drug interactions
- Refill reminders
- Health and safety monitoring
- Up to a **100-day supply** of your specialty medication for just one co-payment

For more information about Accredo, or to order your specialty medications, please call Member Services toll-free at 1 800 413-7516.

My Rx. Choices': An easy way to lower your out-of-pocket prescription costs

Your Town 1029, Non-Union & Custodians 025, 030 benefit includes the **My Rx Choices** prescription savings program, which is designed to help you find potential savings on prescription medications that you or your covered family members take on an ongoing basis.

Your doctor knows which medications are right for you but may not know their cost. **My Rx Choices** provides you with available lower-cost options so that you and your doctor can make the most informed decisions based on health and cost. No prescription is ever changed without your doctor's approval.

Simply visit www.medco.com/choices. You'll need to take a moment to register before using this service.

Generic drug advantage

FDA-approved generic drugs may have unfamiliar names, but they are safe and effective. Be assured that generic drugs and their brand-name counterparts:

- Have the **same active ingredients**
- Are manufactured according to the **same strict federal regulations**

Generic drugs may differ in color, size, or shape, but the U.S. Food and Drug Administration requires that the active ingredients have the same strength, purity, and quality as the brand-name alternatives.

Prescriptions filled with generic drugs often have a lower co-payment. Therefore, you may be able to get the same health benefits at a lower cost. You should **ask your doctor or pharmacist whether a generic drug would be right for you**. You may be able to receive the same high-quality medication but reduce your expenses.

Worry-free Fills': Stay on top of the long-term medications you take by enrolling in this convenient, automatic refill program

When you refill certain mail-order prescriptions, you'll be asked whether you want to enroll. Once you enroll and you're ready for a refill, your medications will automatically be shipped to you. Find out more about how **Worry-free Fills** works by visiting www.medco.com or by calling Member Services using the phone number on your ID card. (To see which of your medications are eligible, visit www.medco.com.)

APPENDIX D
HEALTH INSURANCE (HMO)

(See Attached)

SUMMARY OF BENEFITS Connecticut General Life Insurance Co.**Town of Enfield - Local 1303-359**
Open Access Plus In-Network Copay Plan

Annual deductibles and maximums	In-network
Lifetime maximum	Unlimited per individual
Pre-Existing Condition Limitation (PCL)	Does Not Apply
Coinsurance	You pay 0% Plan pays 100%
Calendar year deductible	Not applicable
Calendar year out-of-pocket maximum	Not applicable

Benefits	In-network
Physician services	
Office visit copay	You pay \$5 per visit
Physician services (hospital) <ul style="list-style-type: none">• In hospital visits and consultations• Inpatient• Outpatient	No charge
Surgery (in a physician's office)	No charge
Counseling – Nutritional and Genetic <ul style="list-style-type: none">• 3 days each per calendar year• Services associated with preventive care are covered at the Preventive Care benefit level.• Services for Diabetes are unlimited and do not contribute to the Day maximum.	You pay \$5 per visit
Allergy treatment/injections - Unlimited maximum per calendar year	No charge
Allergy serum (dispensed by the physician in the office)	No charge
Preventive care	
Adults and children <ul style="list-style-type: none">• Office visit• Immunizations are covered at no charge.• Includes coverage for travel immunizations.• Unlimited calendar year maximum	No charge
Hearing Exam One exam per calendar year.	No charge

**Town of Enfield
Open Access Plus In-Network Copay Plan**

Benefits	In-network
Mammogram, PSA, Pap Smear and Maternity Screening <ul style="list-style-type: none"> Coverage includes the associated Preventive Outpatient Professional Services. Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service. 	No charge
Inpatient hospital facility services	
Semi-private room and board and other non-physician services <ul style="list-style-type: none"> Inpatient room and board, pharmacy, x-ray, lab, operating room, surgery, etc. 	No charge
Inpatient Professional Services <ul style="list-style-type: none"> For services performed by surgeons, radiologists, pathologists and anesthesiologists 	No charge
Multiple surgical reduction <ul style="list-style-type: none"> Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery. 	Included
Outpatient services	
Outpatient surgery (facility charges)	No charge
Outpatient Professional Services For services performed by surgeons, radiologists, pathologists and anesthesiologists	No charge
Physical, occupational, cognitive and speech therapy <ul style="list-style-type: none"> Limited to 40 days for all therapies combined per calendar year Includes physical therapy, speech therapy, occupational therapy, pulmonary rehabilitation and cognitive therapy Therapy days, provided as part of an approved Home Health Care plan, accumulate to the outpatient short term rehab therapy maximum. 	You pay \$5 per office visit
Outpatient cardiac rehabilitation <ul style="list-style-type: none"> Unlimited days per calendar year 	You pay \$5 per office visit
Chiropractic <ul style="list-style-type: none"> Limited to 20 days per calendar year 	You pay \$5 per office visit

**Town of Enfield
Open Access Plus In-Network Copay Plan**

Benefits	In-network
Lab and X-ray	
Lab and X-ray <ul style="list-style-type: none"> Physician's office Outpatient hospital facility Independent x-ray and/or lab facility Emergency room when billed by the facility as part of the emergency room visit Urgent care when billed by the facility as part of the urgent care visit. Independent x-ray and/or lab facility in conjunction with a emergency room visit 	No charge
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none"> Physician's office visit Inpatient facility Outpatient facility Emergency room Urgent care facility 	No charge
Emergency and urgent care services	
Hospital emergency room <ul style="list-style-type: none"> Including radiology, pathology and physician charges Copay waived if admitted, then inpatient hospital charges would apply 	You pay \$25 per visit
Ambulance Note: Non-emergency transportation (e.g. from hospital back home) is generally not covered.	No charge
Urgent care services <ul style="list-style-type: none"> Copay waived if admitted, then inpatient hospital charges would apply. 	You pay \$10 per visit
Other health care facilities	
Skilled nursing facility, rehabilitation hospital and other facilities <ul style="list-style-type: none"> 90 days per calendar year 	No charge
Home health care <ul style="list-style-type: none"> 100 days per calendar year 	No charge
Hospice	No charge
Other health care services	
Durable medical equipment <ul style="list-style-type: none"> Unlimited per calendar year maximum 	No charge after \$100 DME deductible
External prosthetic appliances (EPA) <ul style="list-style-type: none"> Unlimited per calendar year maximum 	No charge after \$100 EPA deductible
TMJ – Surgical Only Provided on a limited, case by case basis. Always exclude appliances and orthodontic treatment. Subject to medical necessity.	Cost and reimbursement vary based on the facility in which it is performed

**Town of Enfield
Open Access Plus In-Network Copay Plan**

Benefits	In-network
Infertility <ul style="list-style-type: none"> Office visit for testing, treatment and artificial insemination Inpatient hospital facility Outpatient hospital facility Physician services Surgical treatment includes both correction and in-vitro fertilization, GIFT, ZIFT, etc. Unlimited lifetime maximum - -- cycle limits/ maximums do not apply 	<p>Cost and reimbursement vary based on the facility in which it is performed</p>
Family planning <ul style="list-style-type: none"> Office visits Inpatient hospital facility Outpatient facility Physician services Surgical services such as tubal ligation or vasectomy are covered (excluding reversals). Includes contraceptive devices 	<p>Cost and reimbursement vary based on the facility in which it is performed</p>
Maternity care services <ul style="list-style-type: none"> Federal Maternity - employee, all dependents 	<p>\$5 copay for initial visit to confirm pregnancy, then no charge</p>
Mastectomy Services (up to a 48 hour stay)	<p>Cost and reimbursement vary based on the facility in which it is performed</p>
Sleep Study Services	<p>Cost and reimbursement vary based on the facility in which it is performed</p>
Mental health and substance abuse services	
<p>Please note the following regarding Mental Health (MH) and Substance Abuse (SA) benefit administration:</p> <ul style="list-style-type: none"> Substance Abuse includes Alcohol and Drug Abuse services. Transition of Care benefits are provided for a 90-day time period. 	
Inpatient mental health services <ul style="list-style-type: none"> Unlimited days per calendar year Includes Partial Hospitalization and Residential Treatment 	<p>No charge</p>
Outpatient mental health physician's office services and outpatient facility <ul style="list-style-type: none"> Unlimited visits per calendar year This includes group therapy mental health and intensive outpatient mental health 	<p>No charge</p>
Inpatient substance abuse services <ul style="list-style-type: none"> Unlimited days per calendar year Includes Partial Hospitalization and Residential Treatment 	<p>No charge</p>
Outpatient substance abuse physician's office services and outpatient facility <ul style="list-style-type: none"> Unlimited visits per calendar year This includes intensive outpatient substance abuse 	<p>No charge</p>
Prescription Drugs	
Pharmacy coverage	<p>Pharmacy benefits not provided by CIGNA</p>
Vision care (covered through CIGNA Vision Care) One exam per calendar year	<p>No charge</p>

Town of Enfield
Open Access Plus In-Network Copay Plan

Town of Enfield Open Access Plus In-Network Copay Plan

Definitions

Deductible – A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

Coinsurance – After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called coinsurance.

Copay – A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

Out-of-pocket Maximum – Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "maximum reimbursable charges" or negotiated fees for covered services.

Place of service – Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

Selection of a Primary Care Provider – Your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, CIGNA may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

For children, you may designate a pediatrician as the primary care provider.

Direct Access to Obstetricians and Gynecologists – You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Transition of Care – Provides in-network health coverage to new customers when the customer's doctor is not part of the CIGNA network and there are approved clinical reasons why the customer should continue to see the same doctor.

Maximizing your health care dollars

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When you need a medical service or procedure, CIGNA offers you opportunities to save on routine medical care, laboratory services, radiology scans, and outpatient surgery. Details are below:

Lab – Save on lab services by using a free-standing laboratory instead of a hospital- or clinic-based lab.

Urgent Care – For non-emergency conditions that need attention before you can see your doctor, you can save money by going to an urgent care center instead of an Emergency Room (ER).

Convenience Care – For minor or routine conditions, go to a Convenience Care Clinic when your doctor is unavailable. Convenience Care Clinics are retail-based and often found in pharmacies or grocery stores.

Radiology – Costs for MRIs, PET, and CT scans can vary greatly. Non-hospital based outpatient radiology centers often cost much less than a hospital. CIGNA's network includes both hospitals and outpatient centers, so you can find a radiology center that's right for you.

Outpatient Surgery – Costs for colonoscopies, arthroscopies, and other outpatient procedures can vary greatly. Using a free-standing outpatient surgery center can save hundreds of dollars.

**Town of Enfield
Open Access Plus In-Network Copay Plan**

Exclusions

What's not covered (*not all-inclusive*):

Your plan provides coverage for most medically necessary services. Examples of things your plan does not cover, unless required by law or covered under the pharmacy benefit, include (but aren't limited to):

- Services provided through government programs
- Services that aren't medically necessary
- Experimental, investigational or unproven services
- Services for an injury or illness that occurs while working for pay or profit including services covered by Worker's Compensation benefits
- Cosmetic services
- Dental care, unless due to accidental injury to sound natural teeth
- Reversal of sterilization procedures
- Genetic screenings
- Non-prescription and anti-obesity drugs
- Custodial and other non-skilled services
- Weight loss programs
- Acupuncture
- Telephone, email and internet consultations in the absence of a specific benefit
- Eyeglass lenses and frames, contact lenses and surgical vision correction

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not-covered services, including benefits required by your state, see your employer's insurance certificate or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

"CIGNA," the "Tree of Life" logo, "CIGNA Healthcare," "CIGNA Care Network," "CIGNA Behavioral Health," "CIGNA Choice Fund," "CIGNA Well Aware for Better Health" and "myCIGNA.com" are registered service marks, and "CIGNA Pharmacy," "CIGNA Home Delivery Pharmacy," "CIGNA Well Informed" and "CIGNA Behavioral Advantage" are service marks, of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), CIGNA Behavioral Health, Inc., Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C. and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. In California, HMO and Network plans are offered by CIGNA HealthCare of California, Inc. All other medical plans in these states are insured or administered by CGLIC or CHLIC. "CIGNA Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C.

APPENDIX E
HEALTH INSURANCE
(HEALTH SAVINGS ACCOUNT)

(See Attached)

SUMMARY OF BENEFITS Connecticut General Life Insurance Co.



Town of Enfield Local 1303-359

**CIGNA Choice Fund Health Savings Account Open Access Plus
Coinsurance Plan**

Health Savings Account

Your coverage includes a health savings account that you can use to pay for eligible out-of-pocket expenses.

Employer Contribution	Employee	Employee + 1	Family
	\$750	\$1500	\$1500

Annual deductibles and maximums	In-network	Out-of-network
Lifetime maximum	Unlimited per individual	
Pre-Existing Condition Limitation (PCL)	Does Not Apply	
Coinsurance	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Maximum Reimbursable Charge <ul style="list-style-type: none"> Determined based on the lesser of: <ul style="list-style-type: none"> the health care professional's normal charge for a similar service; or a percentage of a fee schedule developed by CIGNA that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is determined based on the lesser of: <ul style="list-style-type: none"> the health care professional's normal charge for a similar service or supply; or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. Out-of-network services are subject to a plan year deductible and maximum reimbursable charge limitations. 	N/A	200%
Plan year deductible <ul style="list-style-type: none"> The amount you pay for any expenses counts towards both your in-network and out-of-network deductibles. (Cross accumulation). All family members contribute towards the family deductible. The plan cannot pay an individual's claims until the total family deductible has been met, even if he or she has met the individual deductible. This plan includes a combined Medical/Rx deductible. Out-of-network pharmacy deductible accumulates to the in-network pharmacy deductible. Mail order pharmacy costs contribute to the deductible. 	Employee \$1,500 Employee and Family \$3,000	Employee \$1,500 Employee and Family \$3,000
Plan year out-of-pocket maximum <ul style="list-style-type: none"> The amount you pay for any services counts towards both your in-network and out-of-network out-of-pocket maximums. (Cross accumulation) 	Employee \$1,500 Employee and Family	Employee \$3,000 Employee and Family



Annual deductibles and maximums	In-network	Out-of-network
<ul style="list-style-type: none"> Deductibles contribute towards your out-of-pocket maximum. Copays do not contribute towards your out-of-pocket maximum Mental health and substance abuse services contribute towards your out-of-pocket maximum. All family members contribute towards the family out-of-pocket maximum. The plan cannot pay an individual's covered expenses at 100% until the total family out-of-pocket maximum has been reached. This plan includes a combined Medical/Rx out-of-pocket maximum. Out-of-network pharmacy out-of-pocket expenses accumulates to the in-network pharmacy out-of-pocket maximum. Mail order pharmacy costs contribute to the out-of-pocket maximum. 	\$3,000	\$6,000

Benefits	In-network	Out-of-network
Physician services		
Office visit <ul style="list-style-type: none"> Primary care physician and specialist office visits 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Physician services (hospital) <ul style="list-style-type: none"> In hospital visits and consultations Inpatient services Outpatient services 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Surgery (in a physician's office)	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Hearing Exam	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Counseling – Nutritional and Genetic <ul style="list-style-type: none"> 3 days each per calendar year Services associated with preventive care are covered at the Preventive Care benefit level. Services for Diabetes are unlimited and do not contribute to the Day maximum. 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met



Benefits	In-network	Out-of-network
Preventive care		
Preventive care <ul style="list-style-type: none"> Includes well-baby, well-child, well-woman and adult preventive care In-network immunizations are included at no charge. Out-of-network immunizations are covered at the out-of-network coinsurance level. Includes coverage for travel immunizations. Unlimited plan year maximum 	No charge	You pay 20% Plan pays 80% after the deductible is met
Counseling – Nutritional and Genetic <ul style="list-style-type: none"> 3 days each per calendar year Services for Diabetes are unlimited and do not contribute to the Day maximum. 	No charge	You pay 20% Plan pays 80% after the deductible is met
Mammogram, PSA, Pap Smear and Maternity Screening <ul style="list-style-type: none"> Coverage includes the associated Preventive Outpatient Professional Services. Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service. 	No charge	You pay 20% Plan pays 80% after the deductible is met
Inpatient hospital facility services		
Semi-private room and board and other non-physician services <ul style="list-style-type: none"> Inpatient room and board, pharmacy, x-ray, lab, operating room, surgery, etc. 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Inpatient Professional Services <ul style="list-style-type: none"> For services performed by surgeons, radiologists, pathologists and anesthesiologists 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Multiple surgical reduction <ul style="list-style-type: none"> Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery. 	Included	Included
Outpatient services		
Outpatient surgery (facility charges)	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Outpatient Professional Services <ul style="list-style-type: none"> For services performed by surgeons, radiologists, pathologists and anesthesiologists 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met



Benefits	In-network	Out-of-network
Physical, occupational, cognitive, chiropractic and speech therapy <ul style="list-style-type: none">Unlimited days per plan year for all therapies combinedIncludes physical therapy, speech therapy, occupational therapy, pulmonary rehabilitation and cognitive therapyIncludes chiropractic therapy (includes chiropractors)Therapy days, provided as part of an approved Home Health Care plan, accumulate to the outpatient short term rehab therapy maximum.	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Cardiac rehabilitation <ul style="list-style-type: none">Limited to 36 days per plan year	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Lab and X-ray		
Lab and X-ray <ul style="list-style-type: none">Physician's officeOutpatient hospital facilityIndependent lab & x-ray facility	No charge after the deductible is met	You pay 20% Plan pays 80% after deductible is met
Lab and X-ray, emergency room and urgent care <ul style="list-style-type: none">Emergency room when billed by the facility as part of the emergency room visitUrgent care when billed by the facility as part of the urgent care visit.Independent x-ray and/or lab facility in conjunction with a emergency room visit	No charge after the deductible is met	
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none">Physician's officeInpatient hospital facilityOutpatient facility	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none">Emergency roomUrgent care facility	No charge after the deductible is met	
Emergency and urgent care services		
Hospital emergency room <ul style="list-style-type: none">Includes radiology, pathology and physician chargesOut-of-network services are covered at the in-network rate.	No charge after the deductible is met	
Ambulance <ul style="list-style-type: none">Out-of-network services are covered the same as in-network services.Note: Non-emergency transportation (e.g. from hospital back home) is generally not covered.	No charge after the deductible is met	
Urgent care services <ul style="list-style-type: none">Out-of-network services are covered at the in-network rate.	No charge after the deductible is met	



Benefits	In-network	Out-of-network
Other health care facilities		
Skilled nursing facility, rehabilitation hospital and other facilities <ul style="list-style-type: none"> 180 days per plan year 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Home health care <ul style="list-style-type: none"> Unlimited days per plan year 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Hospice <ul style="list-style-type: none"> Inpatient services Outpatient services 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Other health care services		
Durable medical equipment <ul style="list-style-type: none"> Unlimited plan year maximum 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
External prosthetic appliances (EPA) <ul style="list-style-type: none"> Unlimited plan year maximum 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
TMJ	Not Covered	Not Covered
Infertility <ul style="list-style-type: none"> Office visit for testing, treatment and artificial insemination Inpatient hospital facility Outpatient hospital facility Physician services Surgical treatment includes both correction and in-vitro fertilization, GIFT, ZIFT, etc. Unlimited lifetime maximum 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Family planning <ul style="list-style-type: none"> Office visits Inpatient hospital facility Outpatient facility Physician services Surgical services such as tubal ligation or vasectomy are covered (excluding reversals). Includes contraceptive devices 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Mental health and substance abuse services		
Please note the following regarding Mental Health (MH) and Substance Abuse (SA) benefit administration: <ul style="list-style-type: none"> Substance Abuse includes Alcohol and Drug Abuse services. Transition of Care benefits are provided for a 90-day time period. 		
Inpatient mental health services <ul style="list-style-type: none"> Unlimited days per plan year Includes Partial Hospitalization and Residential Treatment Mental health services are paid at 100% after you reach your out-of-pocket maximum. 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met



Benefits	In-network	Out-of-network
Outpatient mental health services - physician's office and outpatient facility <ul style="list-style-type: none"> Unlimited visits per plan year Mental health services are paid at 100% after you reach your out-of-pocket maximum. This includes group therapy mental health, and intensive outpatient mental health 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Inpatient substance abuse services <ul style="list-style-type: none"> Unlimited days per plan year Includes Partial Hospitalization and Residential Treatment Substance abuse services are paid at 100% after you reach your out-of-pocket maximum. 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Outpatient substance abuse services – physician's office and outpatient facility <ul style="list-style-type: none"> Unlimited visits per plan year Substance abuse services are paid at 100% after you reach your out-of-pocket maximum. This includes intensive outpatient substance abuse 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Prescription Drugs		
CIGNA Pharmacy three-tier coinsurance plan <ul style="list-style-type: none"> No mandatory generics Self administered injectable– includes infertility drugs Insulin pens and cartridges included 	Retail (30 day supply) <u>You pay:</u> Generic: No charge after deductible Preferred brand: No charge after deductible Non-Preferred Brand: No charge after deductible Home Delivery (90 Day supply) <u>You pay:</u> Generic: No charge after deductible Preferred brand: No charge after deductible Non-Preferred Brand: No charge after deductible	You pay 20% Plan pays 80% after the deductible is met
Pharmacy Clinical Management and Prior Authorization <ul style="list-style-type: none"> Your plan is subject to certain clinical edits and prior authorization requirements. 		

Town of Enfield
CIGNA Choice Fund Health Savings Account Open Access Plus Coinsurance Plan



Benefits	In-network	Out-of-network
Specialty Pharmacy <ul style="list-style-type: none">• Clinical Programs<ul style="list-style-type: none">○ Prior authorization required on specialty medications and quantity limits may apply.○ TheraCare® Program• Medication Access Option: Retail and/or Home Delivery		
Vision care (covered under CIGNA Vision Care) One exam every two calendar years.	No charge	



Definitions

Deductible – A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

Coinsurance – After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called coinsurance.

Copay – A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

Out-of-pocket Maximum – Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "maximum reimbursable charges" or negotiated fees for covered services.

Place of service – Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

Selection of a Primary Care Provider – Your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, CIGNA may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

For children, you may designate a pediatrician as the primary care provider.

Direct Access to Obstetricians and Gynecologists – You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Transition of Care – Provides in-network health coverage to new customers when the customer's doctor is not part of the CIGNA network and there are approved clinical reasons why the customer should continue to see the same doctor.

Maximizing your health care dollars

Log on to myCIGNA.com for resources to help you choose a health care professional or compare the cost and quality of medical services, medications and hospital care.

When you need a medical service or procedure, CIGNA offers you opportunities to save on prescription medicine, routine medical care, laboratory services, radiology scans, and outpatient surgery. Details are below:

CIGNA Home Delivery Pharmacy – You can save money and enjoy convenient home delivery by using CIGNA Home Delivery Pharmacy for your prescription medications. You can get up to a 90-day supply of your medication.

Lab – Save on lab services by using a free-standing laboratory instead of a hospital- or clinic-based lab.

Urgent Care – For non-emergency conditions that need attention before you can see your doctor, you can save money by going to an urgent care center instead of an Emergency Room (ER).

Convenience Care – For minor or routine conditions, go to a Convenience Care Clinic when your doctor is unavailable. Convenience Care Clinics are retail-based and often found in pharmacies or grocery stores.

Radiology – Costs for MRIs, PET, and CT scans can vary greatly. Non-hospital based outpatient radiology centers often cost much less than a hospital. CIGNA's network includes both hospitals and outpatient centers, so you can find a radiology center that's right for you.

Outpatient Surgery – Costs for colonoscopies, arthroscopies, and other outpatient procedures can vary greatly. Using a free-standing outpatient surgery center can save hundreds of dollars.



Exclusions

What's Not Covered (*not all-inclusive*):

Your plan provides coverage for most medically necessary services. Examples of things your plan does not cover, unless required by law or covered under the pharmacy benefit, include (but aren't limited to):

- Services provided through government programs
- Services that aren't medically necessary
- Experimental, investigational or unproven services
- Services for an injury or illness that occurs while working for pay or profit including services covered by Worker's Compensation benefits
- Cosmetic services
- Dental care, unless due to accidental injury to sound natural teeth
- Reversal of sterilization procedures
- Genetic screenings
- Non-prescription and anti-obesity drugs
- Custodial and other non-skilled services
- Weight loss programs
- Treatment of TMJ Disorder
- Acupuncture
- Telephone, email and internet consultations in the absence of a specific benefit
- Eyeglass lenses and frames, contact lenses and surgical vision correction

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not-covered services, including benefits required by your state, see your employer's insurance certificate or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

"CIGNA," the "Tree of Life" logo, "CIGNA Healthcare," "CIGNA Care Network," "CIGNA Behavioral Health," "CIGNA Choice Fund," "CIGNA Well Aware for Better Health" and "myCIGNA.com" are registered service marks, and "CIGNA Pharmacy," "CIGNA Home Delivery Pharmacy," "CIGNA Well Informed" and "CIGNA Behavioral Advantage" are service marks, of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), CIGNA Behavioral Health, Inc., Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C. and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. In California, HMO and Network plans are offered by CIGNA HealthCare of California, Inc. All other medical plans in these states are insured or administered by CGLIC or CHLIC. "CIGNA Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C.



Additional Information

Additional Benefit Information	In-network	Out-of-network
Prescription Drug List: <ul style="list-style-type: none"> CIGNA Standard Prescription Drug List 		
Pre-admission certification – continued stay review (PHS) <ul style="list-style-type: none"> Benefits are denied for any admission reviewed by CIGNA Healthcare and not certified. Benefits are denied for any additional days not certified by CIGNA Healthcare. 	Coordinated by provider/PCP	Employee is responsible for contacting CIGNA Healthcare. A \$500 penalty is applied to hospital inpatient charges for failure to contact CIGNA Healthcare to pre-certify admission
Case Management	Coordinated by CIGNA HealthCare. This is a service designated to provide assistance to a patient who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support. The program strives to attain a balance between quality and cost effective care while maximizing the patient's quality of life.	
Mental health/Substance abuse utilization review, case management and programs	Capitation (CAP) - Inpatient and Outpatient Management <ul style="list-style-type: none"> Case Management and Utilization Review for Inpatient Services (In-Network, Out of Network) and Outpatient Services (In-Network only) Provided by CIGNA Behavioral Health (CBH). Includes Lifestyle Management Programs: Stress management & Tobacco Cessation, Healthy Steps to Weight Loss.) 	
MH/SA Service Specific Administration	The following administration applies for Partial Hospitalization, Residential Treatment, and Intensive Outpatient Programs: <ul style="list-style-type: none"> <i>Partial Hospitalization and Residential Treatment:</i> Covered as inpatient Mental Health and/or Substance Abuse. <i>Intensive Outpatient Program (IOP):</i> Covered as outpatient Mental Health and/or Substance Abuse 	
Annual Reinstatement	Not Included	
Allergy treatment/injections - Unlimited maximum per calendar year	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Allergy serum (dispensed by the physician in the office)	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Bereavement counseling - inpatient services	Paid the same as Inpatient Hospice Facility	Paid the same as Inpatient Hospice Facility
Bereavement counseling – outpatient services	Paid the same as outpatient Hospice Facility	Paid the same as outpatient Hospice Facility
Maternity Care Services <ul style="list-style-type: none"> Federal Maternity - employee, all dependents 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met

Town of Enfield
CIGNA Choice Fund Health Savings Account Open Access Plus Coinsurance Plan



Additional Benefit Information	In-network	Out-of-network
Abortion <ul style="list-style-type: none"> Provides elective and non-elective coverage 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Organ Transplant <ul style="list-style-type: none"> Physician services: Covered at 100% at Lifesource center; otherwise 100% after plan deductible Travel maximum \$10,000 per transplant (only available if using Lifesource facility) 	Cost and reimbursement vary based on the facility in which it is performed	Varies based on place of service with no transplant maximums
Dental Care <ul style="list-style-type: none"> Limited to charges made for a continuous course of dental treatment started within six months of an injury to sound natural teeth 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Oral Surgery	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Obesity/Bariatric Surgery Rider <ul style="list-style-type: none"> Subject to medical necessity and clinical guidelines The following are excluded: Medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity. The following are excluded: Weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision. 	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Early Intervention Services – birth to age 3	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Radiation Therapy and Chemotherapy Administration	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Kidney Dialysis	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Electroshock Therapy	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Infusion Therapy	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Hearing Aids Limited to dependent children age 12 years and under with a maximum of \$1,000 per a two-year period.	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Wigs Up to \$350 per covered person per calendar year.	No charge after the deductible is met	You pay 0% Plan pays 100% after the deductible is met



Additional Benefit Information	In-network	Out-of-network
Nutritional Formula	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Neuropsychological Testing Limited to coverage to assess developmental delays due to chemotherapy or radiation treatment for a child with cancer	No charge after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Routine Foot Disorders	Not Covered	Not Covered
Included Health and Wellness Programs		
Health Advisor <ul style="list-style-type: none"> Health Advisor Core/CIGNA Choice Fund Health Advisor CIGNA Well Informed included Preference Sensitive Care included 	Include	
Chronic Condition Support (CCS) – Your Health First 200 <ul style="list-style-type: none"> Holistic health support for those with a chronic health condition. 	Included	
eVisits	Not Included	
Lifestyle Management Programs - included with CIGNA Behavioral Advantage <ul style="list-style-type: none"> Weight Management Tobacco Cessation Stress Management 	Included	

Exclusions

What's Not Covered (*not all-inclusive*):

Your plan provides coverage for most medically necessary services. Examples of things your plan does not cover, unless required by law or covered under the pharmacy benefit, include (but aren't limited to):

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- Treatment of an illness or injury which is due to war, declared or undeclared.
- Charges for which you are not obligated to pay or for which you are not billed or would not have been billed except that you were covered under this Agreement.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- Any services and supplies for or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Healthplan Medical Director to be: Not demonstrated, through existing peer-reviewed, evidence-based scientific literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use; or The subject of review or approval by an Institutional Review Board for the proposed use, except as provided in the "Clinical Trials" section of "Covered Services and Supplies;" or The subject of an ongoing phase I, II or III clinical trial, except as provided in the "Clinical Trials" section of "Covered Services and Supplies."



Exclusions

- Cosmetic Surgery and Therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- The following services are excluded from coverage regardless of clinical indications: Dance therapy, movement therapy; Applied kinesiology; Rolfing; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Treatment of TMJ disorder.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental x-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. However, charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within 6 months of the accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- Unless otherwise covered as a basic benefit, reports, evaluations, physical examinations, or hospitalization not required for health reasons, including but not limited to employment, insurance or government licenses, and court ordered, forensic, or custodial evaluations.
- Court ordered treatment or hospitalization, unless such treatment is being sought by a Participating Physician or otherwise covered under "Covered Services and Supplies."
- Cryopreservation of donor sperm and eggs are also excluded from coverage.
- Reversal of male and female voluntary sterilization procedures.
- Transsexual surgery, including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
- Medical and hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under the Agreement.
- Non-medical counseling or ancillary services, including, but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return-to-work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities, developmental delays, autism or mental retardation.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including, but not limited to routine, long-term or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Inpatient Hospital Services," "Outpatient Facility Services," "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of "Covered Services and Supplies."
- Private hospital rooms and/or private duty nursing except as provided in the Home Health Services section of "Covered Services and Supplies".
- Personal or comfort items such as personal care kits provided on admission to a hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of illness or injury.
- Artificial aids, including but not limited to corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures.
- Aids or devices that assist with non-verbal communications, including, but not limited to communication boards, pre-recorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or postcataract surgery).
- Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- Treatment by acupuncture.
- All non-injectable prescription drugs, injectable prescription drugs that do not require physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs, except as provided in



Exclusions

"Covered Services and Supplies."

- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantation genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically-linked inheritable disease.
- Dental implants for any condition.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the Healthplan Medical Director's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition.
- Cost of biologicals that are immunizations or medications to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- Expenses incurred for medical treatment by a person age 65 or older, who is covered under this Agreement as a retiree, or his Dependents, when payment is denied by the Medicare plan because treatment was not received from a Participating Provider of the Medicare plan.
- Expenses incurred for medical treatment when payment is denied by the Primary Plan because treatment was not received from a Participating Provider of the Primary Plan.
- Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
- Telephone, e-mail & Internet consultations and telemedicine.
- Massage Therapy

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not-covered services, including benefits required by your state, see your employer's insurance certificate or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.